Verification of Income and Health Insurance
- ❑ Complete one form for **each** job for **every** adult in the household.
- ❑ Complete the top portion and give the form to your employer.
- ❑ Attach copies of the paystubs for the previous month's income.

{Attach address label here if available}

Employee Name:_____   Employee Social Security Number:_____

Employee Work Phone:_____   Employee Home Phone:_____

*******************************__*Employer Only* Write Below this Line__*******************************

A **supervisor** or a **human resource department representative**, who is authorized to release income and insurance information, must complete this section. Please complete the information below for the above named employee. Please return the completed form to the employee as soon as possible or FAX to 703-653-1359. If you have any questions regarding the completion of this form call 703-324-7315. Thank you in advance for your assistance.

Name of business:_____   Is business a franchise? **{circle one}**   Y*es*   *No*

Form Completed by:

_____   _____
        Name of Person Completing Form   Job Title

_____   _____   _____
                    Signature   Phone Number   Date

Part I- Income Verification-Please answer all questions below:

A) Date employee was hired:_____   If no longer employed, last date employee worked:_____

B) How often is this employee paid? **{circle one}**   *Weekly*   *Bi-weekly*   *Semi-monthly*   *Monthly*

C) Employee is: **{circle one}**   *Full-time*   *Part-time*   {Please explain:_____}

D) How much is this employee paid per hour? $_____   Average number of hours worked weekly:_____

E) Does this employee receive tips? **{circle one}**   *Yes*   *No*   If **yes**, average tips per week: $_____

F) Complete the information below for the last **4** pay periods:
   Pay Date: _____   Gross Pay:$_____   Net Pay:$_____
   Pay Date: _____   Gross Pay:$_____   Net Pay:$_____
   Pay Date: _____   Gross Pay:$_____   Net Pay:$_____
   Pay Date: _____   Gross Pay:$_____   Net Pay:$_____

Part II- Health Insurance Verification- Check {✓} and complete all questions below that apply:

_____ No health insurance is offered to this employee, or to the family of this employee.

_____ The Company offers any type of Health Reimbursement/Savings Account **or** money toward health care.

_____ This Employee is currently receiving health insurance from the employer.

_____ Insurance is offered. *Lowest cost* **individual** is $_____ **{circle one} per** *paycheck*   *per month*

_____ Insurance is offered. *Lowest cost* **individual plus one is** $_____ **{circle one}** *per paycheck*   *per month*

_____ Insurance is offered. *Lowest cost* **family** is $_____ **{circle one}** *per paycheck*   *per month*

_____ Open Enrollment Period is on the following date: **Start**:_____   **End**:_____

Please attach printed information regarding the insurance offered to this employee/family if available.

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